

Personal Protection Equipment Recommendations for First Responders

QUICK FACTS

- Ebola virus disease (EVD) is transmitted by direct contact with blood and body fluids of someone who has symptoms of disease, including fever, headache, body aches, abdominal pain, vomiting, and diarrhea.
- The infection can be spread **only** by someone who has symptoms.
- Those infected may start showing symptoms ranging from 2 to 21 days from when they were infected. The average time for symptoms to begin is 8-10 days.
- EVD is NOT transmitted by food, water, or airborne routes.
- Individuals **MUST** have a history of travel to Guinea, Liberia, or Sierra Leone (no other countries) within the past 21 days OR **MUST** have a history of direct contact with an Ebola patient AND have symptoms to warrant further investigation.

RESPONDER SAFETY

Prior to responding to or transporting a suspected or confirmed Ebola patient, all first responders involved in the care of the patient must have received repeated training and have demonstrated competency in performing all Ebola-related infection control practices and procedures, and specifically in donning/doffing proper PPE.

While working in PPE, first responders caring for a suspect or confirmed Ebola patient should have **NO** skin exposed at any time. Every step of each PPE donning/doffing procedure must be supervised by a trained observer (safety officer) to ensure proper completion of established PPE protocols and utilize a buddy system.

Responders must limit the number of personnel who come into contact with the suspect or confirmed Ebola patient to only the essential personnel required. It is recommended that no more than two responders come into contact with the patient. No responder should enter a residence or patient area that is suspected or confirmed for Ebola without proper PPE.

Powered Air-Purifying Respirators (PAPR) are the recommended choice of protection. However, responders choosing to utilize Full Face Air-Purifying Respirators (APR) must ensure compliance with all elements of the OSHA Respiratory Protection Standard, 29 CFR 1910.134, including fit testing, medical evaluation, and training of the responder.

All responders, involved in any response, should complete annual OSHA blood borne pathogen training and *always* utilize universal precautions. All responders should be familiar with the department or agency exposure control plans in the event of an unintentional break in procedure.



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PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Level C non-permeable full body suit with attached hood
- Double gloves (inner and outer glove with extended cuff)
- Shoe Covers
- Powered Air Particle Respirator (PAPR) (Recommended) or Fit-Tested Full-face Air-Purifying Respirator (APR)

A buddy system for both donning and doffing must be utilized at all times and all operations must be under the supervision of a safety officer. PPE should be donned prior to entering any residence or patient area. EMS should consider requesting local Hazardous Materials teams to assist with donning and doffing as appropriate.

EMS personnel should follow the information found in CDC's guidance: "[Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#)".

The use of level C non-permeable full body suits supersedes the CDC guidance and is noted as acceptable. The use of a full face APR exceeds the lowest level of recommendation N-95 mask.

ADDITIONAL

The recommendations for Ebola Response Guidance for First Responders has been developed based upon the guidance and best practices identified by the CDC. The following links contain further information:

Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)

<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answer Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

OSHA Respiratory Protection Standard, 29 CFR 1910.134

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=standards

OSHA Blood Borne Pathogens Standard, 29 CFR 1910.1030



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https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS

